

United States Of America  
Department of Transportation - Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA3897SW

*This Certificate issued to* AAR Airframe and Accessories Group, Inc.  
an Illinois Corporation  
DBA: AAR Aircraft Services - Oklahoma  
an Oklahoma Corporation  
6611 South Meridian  
Oklahoma City, OK 73159-1104

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation Regulations.*

*Original Product Type Certificate Number:* A5SW  
*Make:* Fairchild  
*Model:* SA227AT

*Description of Type Design Change:*  
Installation of Freon Air Conditioning System in accordance with AAR Drawing List No. 850813, Revision B, dated 10/31/87

*Limitations and Conditions:*  
FAA approved Flight Manual Supplement dated December 30, 1987, is required.  
Compatibility of this modification with previously approved modifications must be determined by the installer

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* November 20, 1987

*Date reissued:* 3/5/99; 12/13/00

*Date of issuance:* December 30, 1987

*Date amended:*



*By direction of the Administrator*

*Michele M Owsley*  
(Signature)  
Michele M. Owsley, Manager  
Airplane Certification Office,  
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_